## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH OFFICE OF ADMINSTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION

## Departmental Quality Improvement Council Meeting

<u>A G E N D A</u> June 11, 2018 9:00 – 10:30 a.m. 550 S. Vermont Ave., 10<sup>th</sup> Floor Conference Room Los Angeles, CA 90020

Naga Kasarabada, Ph.D., Chair Karen Lee, M.D.,/Carol Eisen, M.D., Co-Chairs

|     | Naga Nasarabada, Fil.D., Gilali Rafeti Lee, M.D., Galot Liseti, M.D., Go-Gilalis |   |                     |  |  |
|-----|--|---|---------------------|--|--|
| I   | 9:00 - 9:05  | Introductions & Review of Minutes   | QIC Members         |  |  |
| II  | 9:05 – 9:15  | Clinical Quality Improvement  OMD Report Updates  | K. Lee<br>D. Benosa |  |  |
| III | 9:15 – 9:30  | Patients' Rights Office Updates  > Grievances and Appeals Update  | M. Hernandez        |  |  |
| IV  | 9:30 – 10:05   | SA QIC Reports & Countywide Children's QIC Report   | QIC Members         |  |  |
| V   | 10:05– 10:15   | Cultural Competency Updates   | S. Chang Ptasinski  |  |  |
| VI  | 10:15 – 10:20  | Compliance, Privacy, & Audit Svcs Bureau Policy Updates   | R. Faveau           |  |  |
| VII | 10:20 – 10:30  | QID Updates  ➤ PIP Updates – Clinical and Non-Clinical  ➤ MHSIP Survey May 2017 Report, Provider Tables and Open Ended Summary Report Follow Up  ➤ EQRO Pre-Review Docs – QIC Minutes  ➤ July QIC Meeting | N. Kasarabada       |  |  |
|     |  | Announcements:  |                     |  |  |

Next Meeting
July 9, 2018
9:00 – 10:30 a.m.
550 S. Vermont Ave. 10<sup>th</sup> Floor Conference Room
Los Angeles, CA 90020

## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

| Type of Meeting                  | Departmental Quality Improvement Council   | Date:       | June 11, 2018  |                       |
|----------------------------------|--|-------------|--|-----------------------|
| Place                            | 550 S. Vermont Ave., 10 <sup>th</sup> Floor Conf. Rm.  | Start Time: | 9:00 a.m.  |                       |
| Chair                            | Naga Kasarabada, Ph.D.   | End Time:   | 10:30 a.m.   |                       |
| Co-Chair                         | Carol Eisen, M.D./Karen Lee, M.D.  | 1           |  |                       |
| Members Present                  | Alyssa Bray; Caesar Moreno; Christina Kubojiri; Courtney Stephen; Cynthia Hurtado; Dara Vines; David Tavlin; Elizabeth Gildemontes; Elizabeth Marsh; Emilia Ramos; Evelyn Lemus; Eydie Dominguez; Gina Haase; Helena Ditko; James McEwen; Janssen Sacro; Jessica Walters; Kimber Salvaggio; Leticia Ximenez; Lisa Harvey; Lisa Thigpen; LyNetta Shonibare; Margaret Faye; Maria Gonzalez; Martin Hernandez; Michele Munde; Michelle Rittel; Randolph Faveau; Sandra Chang Ptasinski; Socorro Gertmenian; Susan Lam; Wendy Rivas; Yen-Jui-Lin |             |  |                       |
| Excused/Absent<br>Members        | Angelica Fuentes; Barbara Paradise; Carol Eisen; Cathy Williamson; Debi Berzon-Leitelt; Doris Benosa; Gassia Ekizian; Jerry Sefiane; Karen Lee; Kisha Thompson; Wendy Rivas  |             |  |                       |
| Agenda Item &<br>Presenter       | Discussion and Findin  | gs          | Decisions, Recommendations, Actions, & Scheduled Tasks | Person<br>Responsible |
| Call to Order &<br>Introductions | The meeting was called to order at 9:00  |             | QIC members attended this meeting.                     | Dr. Kasarabada        |
| Review of Minutes                | The May minutes were reviewed.   |             | Minutes were reviewed and approved as noted.           | QIC Membership        |

| Agenda Item &                                     | Discussion & Findings  | Decisions, Recommendations,   | Person             |
|---|--|---|--------------------|
| Presenter Clinical Quality Improvement OMD Report | Effective July 1, 2018, Clinical Risk Management (CLRM) will <b>no longer</b> be accepting Clinical Event Reports on paper form.   | Actions, & Scheduled Tasks  | Responsible L. Ngo |
| Pharmacy Updates                                  | Dr. Sacro discussed the 14 clinical pharmacists/Advanced Practice pharmacists that are to be hired into the 14 strategic sites throughout the county. There are currently 2 temporary Clinical Pharmacists positions located in West Central and Arcadia Mental Health. Dr. Sacro and Dr. Shaner are currently reviewing the proposed policies and procedures pertaining to the role a Clinical pharmacist/Advanced Practice Pharmacist will play in the clinics in addition to the Nurse Practitioner.  Dr. Sacro mentioned that there is currently a lack of training of DMH employees for dropping off and picking up of medications. | The Pharmacy Team will work with education to create a training process to meet Department's Standards of Transportation requirements. In addition, a process is being evaluated on how the clinics can accept medications directly from the manufacturer. A risk assessment is currently being done to make sure that this meets all the necessary regulation. | J. Sacro           |
| Patient Rights' Office<br>Updates                 | Mr. Hernandez provided a presentation on how to fill out the Request for Change of Provider Form online. The draft form was distributed as well. Mr. Hernandez stated that the roll out of the form will be available to Directly Operated (DO). Mr. Hernandez mentioned that at this time PRO is waiting to update all information from the DO providers. Mr. Hernandez stated that once the information is updated that licenses will be issued for those entering the Change of Provider Form and no more hard copies will be accepted from DO programs.  |   | M. Hernandez       |
|   | The new COP Application was tested in two clinics. The clinic name and the license name which is the password are required to log in into the site. Forms will be filled out by the client; the provider will have to enter the information into the system. The hope is Phase two which will include Contract Providers, will be the link to IBHIS at this point is not available. COP is not only for practitioners but also is for service location.  | Providers will have to enter the report by the 10 <sup>th</sup> of each month.  |                    |

| Responsible E. Marsh K. Salvaggio |
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| K. Salvaggio                      |
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| E. Lemus                          |
| Y. Jui-Lin                        |
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| Agenda Item & Presenter                                   | Discussion & Findings   | Decisions, Recommendations,<br>Actions, & Scheduled Tasks  | Person<br>Responsible |
|---|---|--|-----------------------|
| SA QIC's Reports & Countywide Children's QIC Report cont. | <b>SA 6:</b> Members reviewed the Final Rule material especially Cultural Competency aspect. Ms. Gertmenian stated that there was a problem with the return of surveys.   |  | S. Gertmenian         |
|   | <b>SA 7:</b> Mr. James McEwen reported that he would not be the SA 7 QIC Chair. Surveys administration was smooth.  |  | J. McEwen             |
|   | SA 8: Dr. Kasarabada presented on MHSIP survey data.  |  | M. Munde              |
|   | Countywide Children's: Ms. Debra Mahoney will no longer be the countywide QIC chair. Ms. Harvey will be the interim chair.  | Next meeting: August 9, 2018.  | L. Harvey             |
| Cultural<br>Competency (CC)<br>Updates                    | Dr. Chang Ptasinski reported that the CCU is currently tracking the annual cultural competence training at attestations received from providers. She distributed new information received from the Department of Health Care Services (DHCS) regarding NACT reporting date changes and emphasized that the next reporting period has been moved to October 1, 2018. Additionally, the QID membership was informed that the Frequently Asked Questions (FAQ) handout regarding cultural competence training requirements for NACT and the Cultural Competence Plan will be updated with any of reporting dates and reposted in the QI webpage. | QIC members will follow the new timeliness provided by DHCS for the Final Rule data submissions. | S. Chang Ptasinski    |
| Compliance,<br>Privacy, & Audit<br>Svcs Bureau            | Mr. Faveau from Compliance Privacy and Audit Services Bureau provided an update on policies and reviewed the handout.   |  | R. Faveau             |

| Agenda Item & Presenter                        | Discussion & Findings   | ,   | Person<br>Responsible |
|--|---|---|-----------------------|
| PIP Updates –<br>Clinical and Non-<br>Clinical | Dr. Kasarabada stated that she is currently working on the Clinical PIP with SA program teams on the reduction of Hospital Re-Admissions for the ISR Project. Dr. Kasarabada mentioned that the two interventions that were initially selected for the Fiscal Year (FY) and then submitted to EQRO are; 1) The COD groups training for all service areas. 40 slots were allocated, 20 for Directly Operated and 20 for Contract Providers. Service Area 1 completed their trainings and the expectation was for all the providers who were trained to run the COD groups at their programs and send the sign in sheets to Dr. Kasarabada for all the clients who participated. Dr. Kasarabada clarified that not just ISRs but any clients with CODs can participate in the groups.   |   | N. Kasarabada         |
|  | 2) Dr. Kasarabada mentioned that three programs were identified as providing prioritized access to 10 beds every month. This was facilitated through Countywide Resource Management (CRM). The CRTP referrals review occurs at every month at the ISR PIP meeting. Several issues had been addressed one is the referrals not coming through. One of the factors identified was that sometimes the referrals are made; the team shows up on the scene to actually take the client from the hospital discharge, and the client already left the scene.  Dr. Kasarabada stated that the new intervention was implemented in collaboration with Dr. Tredinnick and his team. They established a hospital discharge follow up protocol. As of March 15, three hospitals are participating in actually tracking issues with scheduling urgent appointments. This is being tracked by SAs and the issues are being reported to the SA District Chief. | In addition to take care of patient care on scene, Dr. Tredinnick's team will immediately be contacting the program head of the program and copy the District Chief via secure email to trouble shoot the problem right away. This was implemented with Directly Operated programs and that is also being addressed with contract providers. Contract provider has been a little slower because of the Re-Org and staffing resources for Contracts Chiefs. This protocol of following up with outpatient programs on issues with urgent appointment scheduling is the third intervention. |                       |

| Agenda Item & Presenter  | Discussion & Findings  | · · · · · · · · · · · · · · · · · · ·   | Person<br>Responsible |
|--|--|---|-----------------------|
| EQRO Pre-Review Docs – QIC Minutes   | EQRO recommended to focus on engaging ISRs. Dr. Kasarabada stated that ACCESS PIP was the Non-Clinical PIP. One of the Interventions that were supposed to take place was to replace the existing call center system. IBHIS was not the appropriate application for call center documentation. However, there is a delay in the implementation of the Call Center application and so the ACCESS PIP cannot be continued to present to EQRO. Dr. Kasarabada was working with Dr. Jai, Chief, Pharmacy services on PBM services to see if there is any scope for us to present satisfaction with pharmacy services as Non Clinical PIP. The PBM Call Center Metrics started to improve in September last year. Through Magellan, a customer satisfaction survey is to be implemented at some Directly Operated (DO) clinics to assess customer satisfaction with Pharmacy Services clinics, and Call Center. | We are in the process of scheduling a Technical Assistant (TA) conference call with the EQRO team.  | N. Kasarabada         |
| MHSIP Survey May<br>2017 Report,<br>Provider Tables and<br>Open Ended<br>Summary Report<br>Follow Up | CIOB Data Unit is on the last phase of making corrections to Dr. Kasarabada's feedback. May 2017 provider tables were presented and shared as draft at SAs 7 and 8. Dr. Shonibare, and if possible Dr. Chang Ptasinski will be coming to present the May 2017 and November 2016 provider level data at the SA QICs to show how trending can be done for each provider and provide overview. The Open Ended Comments Summary report can be used for quality improvement and the Plans of correction given by providers in the past addressed areas for improvement.   | QIC members will be notified once the final version is posted.  The Open Ended Comments Summary report for this survey period is due July 15, 2018. | N. Kasarabada         |

| Agenda Item & Presenter  | Discussion & Findings  | Decisions, Recommendations,<br>Actions, & Scheduled Tasks  | Person<br>Responsible |
|--|--|--|-----------------------|
| MHSIP Survey May<br>2017 Report,<br>Provider Tables and<br>Open Ended<br>Summary Report<br>Follow Up cont. | Dr. Kasarabada provided detailed information on the May 2018 surveys received. 15,610 was the total of surveys received. SA 2 submitted 4, 621, SA 8 submitted 2, 156 followed by SA 4 2,081. The others SAs are in the 1500, range. The highest percentage completed for the Adult survey was 46%, 34% was from Families of Youth, 15% from Youth and 5% from Older Adults. | Actions, & ochequied rasks   | N. Kasarabada         |
| EQRO Pre-Review<br>Docs – QIC Minutes  | Dr. Kasarabada reminded the QIC Chairs and Co-Chairs to submit the QIC minutes and agendas to Mr. Adegbola from July 2017 to June 2018 by August 6, 2018. This will be submitted to EQRO as part of the pre-review documents.  |  | N. Kasarabada         |
| July QIC Meeting   | Dr. Kasarabada announced her transition to the ACCESS Center as of July 2 <sup>nd</sup> and that Dr. Chang Ptasinski will be chairing the July meeting.  Dr. Kasarabada requested Ms. Eydie Dominguez to present at the SA QIC's on QI vs QA training.   | SA QIC Chairs interested were notified to send their SA QIC meeting dates and times to Ms. Gonzalez. Ms. Dominguez will follow up with SA Chairs to schedule her presentation. | N. Kasarabada         |
| Handouts:  | Policy/Procedure Update June 11, 2018  |  | 1                     |
| Announcements:   |  |  |                       |

Respectfully Submitted,